

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

KNIGHT FIRST AMENDMENT INSTITUTE
AT COLUMBIA UNIVERSITY,

Plaintiff,

-against-

CENTERS FOR DISEASE CONTROL AND
PREVENTION AND U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES,

Defendants.

20 Civ. 2761 (AT)

DECLARATION OF JAMILA H. JONES

Pursuant to 28 U.S.C. § 1746, I, Jamila H. Jones, declare the following to be a true and correct statement of facts to the best of my knowledge and belief:

1. I am Acting Deputy Associate Director for Communication for the Centers for Disease Control and Prevention (“CDC”), an agency within the U.S. Department of Health and Human Services (“HHS”). I have held this position from July 1, 2021 to present. My position of record in spring 2020 was Lead Health Communication Specialist in the Division of Cancer Prevention and Control. I make this declaration based upon my personal knowledge and upon information available to me in my official capacity, and if called and sworn as a witness, I could and would testify as set forth herein.

2. I submit this declaration in response to the Court’s December 13, 2021 Order, which directed CDC and HHS to “provide a revised supplemental affidavit explaining the particular harm, if any, that would arise from the production of” a document titled “CDC Communication and Media Strategy for the Coronavirus Disease 2019 Response” (and referred to as “Document 12” on the CDC’s Vaughn Index).

3. As the Acting Deputy Associate Director of Community, I provide leadership and counsel to CDC senior leaders and communication professionals.

4. I understand that on November 10, 2021, the CDC and HHS, through counsel, released a redacted version of Document 12 to the Knight First Amendment Institute at Columbia University (the “Knight Institute”), which contained all segregable factual material in unredacted form, with the remainder withheld as deliberative. Attached to this declaration as Exhibit A is a true and correct copy of Document 12 that was produced to the Knight Institute.

5. As noted in Michelle Bonds’ declaration, dated October 8, 2021, the numerous drafts of the CDC Communication and Media Strategy for the Coronavirus Disease 2019 Response reflected internal deliberations about how to formulate objectives, principles, and a framework for messaging in connection with the COVID-19 response.

6. I understand that prior submissions by CDC noted that release of this document and related drafts could cause harm by providing the public with erroneous information on a particularly sensitive matter: how the agency should communicate information regarding the coronavirus. Vaughn Index, entry 12 (ECF No. 34-1). In addition, release could cause harm by revealing the exchange of ideas, language choices, and opinions offered by agency leadership on a particularly sensitive matter: how the agency should communicate information regarding the coronavirus. *Id.*

7. Specifically, the CDC Communication and Media Strategy for the Coronavirus Disease 2019 Response was drafted and circulated within CDC to help frame ongoing deliberative discussion within CDC for anticipated consideration by CDC decisionmakers. The CDC Communication and Media Strategy for the Coronavirus Disease 2019 Response was never finalized. At that time CDC focused its communication efforts on communicating the most

recent scientific developments, explaining our emergency response process and how we were addressing COVID-19 and providing the public with mitigation strategies to protect against COVID-19. This approach was dynamic and allowed CDC to be responsive to the changing situation. If the draft strategy were to be publicly disclosed, information flow would be stifled, resulting in a diminishing exchange of candid ideas and tactics that enable a communication staff to formulate the best possible advice, thereby impairing CDC decisionmakers' ability to fully carry out their duties and make informed decisions.

8. The entire process of developing the CDC Communication and Media Strategy for the Coronavirus Disease 2019 Response was difficult because of the everchanging nature of fighting a novel coronavirus. As the science evolved, communication messages and strategies had to evolve with it. Given that the document was never finalized, it contains content that is misleading and incomplete which can fuel misinformation, causing harm and undermining efforts to share credible, accurate messages with the public. Misinformation is harmful and has led people to decline COVID-19 vaccines, reject public health measures such as masking and physical distancing, and use unproven treatments.

9. If CDC communicators believed that the draft strategy would have been made publicly available, it certainly would have hindered the ability of CDC staff to share ideas about the best ways to move forward to communicate and react thoughtfully to timely communication needs. The information and strategies in the plan are in draft form and incomplete. To avoid the harm caused by the impact of misleading and incomplete messaging related to COVID-19, it is critical that we do not share the draft CDC Communication and Media Strategy for the Coronavirus Disease 2019 Response.

10. If draft information from the CDC Communication and Media Strategy for the Coronavirus Disease 2019 Response were to be publicly disclosed, harm would flow if it is revealed how, at that point in time, CDC was thinking about approaching communication goals and objectives. Harm could be caused by sharing an incomplete document regarding what assumptions and considerations were being used in draft messaging framework as well as how CDC was proposing to use various strategies across communication mediums including news media. In sum, public disclosure of this draft strategy would greatly risk harming the quality of the information and advice available to inform communication and public health decision-making.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed on this 17th day of December 2021, in Stone Mountain, Georgia.



Jamila H. Jones
Acting Deputy Associate Director for Communication
Centers for Disease Control and Prevention
United States Department of Health and
Human Services